

(1) PLACE OF BIRTH

County of Fairfield  
Township of W. G.  
or  
Inc. Town of .....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**42252**

Registration District No. 1908 Registered No. 63  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Lizzy Harrison ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 7, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Pety Harrison  
(9) PRESENT POSTOFFICE OF FATHER Winstons  
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE Fairfield S  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth { fourteen

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Laura Raleigh  
(15) PRESENT POSTOFFICE OF MOTHER Winstons  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Fairfield S  
(19) OCCUPATION farm laborer  
(21) Number of children of this mother now living, including present birth { fourteen

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was female ..... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ... Mrs. W. B. ...  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Winstons

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan 10 191.22 (28) P. D. ... Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.